

## CLARATION AND POWER OF ATTORNEY - USA PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PLASMODIUM FALCIPARUM ERYTHROCYTE BINDING PROTEIN BAEBL FOR USE AS A VACCINE; the specification of which was filed on **October 2, 2003** as Application Serial No. **10/677,980**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim the benefit under Title 35, United States Codes § 119(e) of any United States provisional application(s) listed below.

Application No.: 60/281,130 Filing Date: April 2, 2001

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

## Prior U.S.A. Application(s)

Serial No.: PCT/US02/10071 Filing Date: 03/29/2002 Status: Pending

POWER OF ATTORNEY: I hereby appoint the registrants of National Institutes of Health Offices of Technology Transfer, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852, telephone (301) 496-7056, Customer No. 005318.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are

punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Ghislaine Mayer

Inventor's signature

Date <u>2/9/04</u>

Residence: 344 N. Summit Avenue, #102, Gaithersburg, Maryland 20877

Citizenship: Haiti

Post Office Address: Gaithersburg, Maryland

Full name of Second inventor: Louis H. Miller

Inventor's signature

Date 11 Feb 2004

Residence: 261 Congressional Lane, Apt. 618, Rockville, Maryland 20852

Citizenship: USA

Post Office Address: Rockville, Maryland

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(805) 547-5580

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**PATENT** 

## **ASSIGNMENT**

WHEREAS, we, Ghislaine Mayer, 344 N. Summit Avenue, #102, Gaithersburg, MD 20877, citizen of Haiti, and Louis H. Miller, 261 Congressional Lane, Apt. 618, Rockville, MD 20852, citizen of USA, employees of the Department of Health and Human Services, have invented PLASMODIUM FALCIPARUM ERYTHROCYTE BINDING PROTEIN BAEBL FOR USE AS A VACCINE, for which we have made application for Letters Patent of the United States Application No. 10/677,980 Filed October 2, 2003, which claims the benefit of priority of International Application No. PCT/US02/10071 filed March 29, 2002, which claims the benefit of priority of U.S. Provisional Application No. 60/281,130 filed April 2, 2001;

WHEREAS, we are the applicants named in the above-identified application for Letters Patent;

WHEREAS, the conditions under which said invention was made are such at to entitle the Government under Paragraph 1(a) of Executive Order 10096 to the entire right, title, and interest herein, both domestic and foreign; and

WHEREAS, the Government of the United States is desirous of acquiring all domestic and foreign right, title and interest in the above-mentioned invention described in the application for Letters Patent; and

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, we hereby assign and transfer to the United States of America, as represented by the Secretary, Department of Health and Human Services, the full and exclusive rights in and to said invention in the U.S. and within each and every foreign country in which the Government elects to file and the entire right, title and interest in and to such applications, and any continuations, continuations-in-part, divisions, reissues or extensions thereof, and including priority rights as may be filed in the U.S. and foreign countries, and such Letters Patent as may be granted to be held by the Government to the end of the term for which the same would have been held by the inventors had this assignment not been made.

We further agree to make, execute and deliver to the Secretary, Department of Health and Human Services, upon request, any and all papers, documents, affidavits or other instruments that may be necessary in the prosecution of any application or applications for improvements or reissues of Letters Patent, and to assist the Government in every way as may be requested in protecting said invention, provided that any expense of extending such assistance shall be paid by the Government.

NIH209.001C1 10/677,980 October 2, 2003

Client Code Serial No. Filing Date

| IN WITNESS WHEREOF, I h                    | ereunto set my hand and      | seal this 9 day               | of      |
|--|------------------------------|-------------------------------|---------|
| February, 2004.                            |                              |                               |         |
| 1.   |                              |                               |         |
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|  | Muslam                       | - fflag                       |         |
|  | Ohiolaine Mayer              |                               |         |
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|  |                              |                               |         |
| STATE OF MD   ss.                          |                              | •                             |         |
|  | •                            | •                             |         |
| On this 11th day of                        | 200 4 before me.             | a Notary Public in and for    | or      |
| the State and County aforesaid, personally | y appeared Ghislaine Mayer.  | personally known to me        | or      |
| proven on the basis of satisfactory eviden |                              |                               |         |
| the foregoing instrument, and acknowledge  |                              |                               |         |
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|  | Notary Public in and for the | aforesaid County and Stat     | e       |
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|  | My Commission Expires:       | My Commission Explies July 24 | 4       |

Client Code :

NIH209.001C1

Serial No.

10/677,980

Filing Date

October 2, 2003

COPY

| IN WITNESS WHEREOF, I hereunto set my hand and seal this day of Louis H. Miller  STATE OF SS.  COUNTY OF Hay before me, a Notary Public in and for the State and County aforesaid, personally appeared Louis H. Miller, personally known to me or proven on the basis of satisfactory evidence to be the person of that name, who signed and sealed the foregoing instrument, and acknowledged the same to be his/her free act and deed.  Notary Public in and for the aforesaid County and State  My Commission Expires:  My Commission Expires: | •                                     | <u>~</u>                         | 2                        |
|---|---------------------------------------|----------------------------------|--------------------------|
| STATE OF SS.  COUNTY OF Work of State and County aforesaid, personally appeared Louis H. Miller, personally known to me or proven on the basis of satisfactory evidence to be the person of that name, who signed and sealed the foregoing instrument, and acknowledged the same to be his/her free act and deed.  Notary Public in and for the aforesaid County and State  | IN WITNESS WHEREOF, I h               | ereunto set my hand and se       | eal this 18 day of       |
| On this   |                                       | Louis H. Miller                  | Nel                      |
| On this   | STATE OF                              | •                                |                          |
| On this   | Maryow i ss.                          |                                  |                          |
| On this   | COUNTY OF HONTON                      |                                  |                          |
| the State and County aforesaid, personally appeared Louis H. Miller, personally known to me or proven on the basis of satisfactory evidence to be the person of that name, who signed and sealed the foregoing instrument, and acknowledged the same to be his/her free act and deed.  Notary Public in and for the aforesaid County and State  | On this (May of A)                    |                                  | Notary Public in and for |
| proven on the basis of satisfactory evidence to be the person of that name, who signed and sealed the foregoing instrument, and acknowledged the same to be his/her free act and deed.  Notary Public in and for the aforesaid County and State   |                                       |                                  |                          |
| the foregoing instrument, and acknowledged the same to be his/her free act and deed.  Notary Public in and for the aforesaid County and State   | · · · · · · · · · · · · · · · · · · · |                                  |                          |
| Notary Public in and for the aforesaid County and State   | •                                     | <u>-</u>                         | •                        |
| ^   |                                       | Linda Di Su                      | mmous                    |
| My Commission Expires: Aug. 1, 2006   |                                       | Notary Public in and for the afc | oresaid County and State |
|   |                                       | My Commission Expires:           | 19.1, 2006               |

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